

IMPORTANT EMERGENCY INFORMATION FOR

To be given to and retained by trusted family member or friend

Full Name (inc. maiden name) _____

Date of Birth _____ Marital Status _____

Social Security Number _____ Highest level education _____

Place of Birth _____

Fathers' name _____

Mother's Name (inc. maiden name) _____

Spouse _____

Children _____

Church membership or affiliation _____

Safe (location, key, combination) _____

Safety Deposit Box (bank, address, location of key, authorized persons) _____

Power of Attorney (location & agent) _____

Living Will/Medical Directive (location & agent) _____

Will (location of original & executor & contact info) _____

Life Insurance Policies (company, policy #s, owner, beneficiaries) _____

Dawn Getty Sutphin, Esquire
Estate Planning and Probate
610-246-5090 or dawn@sutphinlaw.com

Long Term Care Insurance (company & policy #) _____

Real Estate Interests _____

Automobiles _____

Bank Accounts (inc. Acct. #s and banks) _____

Stocks, Bonds, CDs & Other Investment Information _____

Retirement Plan Information _____

Annuities _____

Business Interests _____

Coins, Art, Antiques, Jewelry, etc. _____

Other Assets _____

Loans & Loan Information _____

Credit Cards _____

Funeral & Burial Arrangements & Preferences _____

Cemetery lot (address, lot #, location of deed) _____

Professional Advisors _____

Additional Information _____